

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**  
**FY 2006**  
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)  
29636/39363A

Application Number 10/570,047-Conf. #8165

Filed February 28, 2006

For METHODS FOR IDENTIFYING, TREATING, AND INDUCING INFERTILITY USING SMC1-BETA

Art Unit Not Yet Assigned

Examiner Not Yet Assigned

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ 1,080.00

☒ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 53,066

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

04/19/2007 KAYPAGH 00000144 10570041

06 FC:2255

1080.00 OP

Signature

Lynn L. Janulis

Typed or printed name

April 11, 2007

Date

(312) 474-6300

Telephone Number

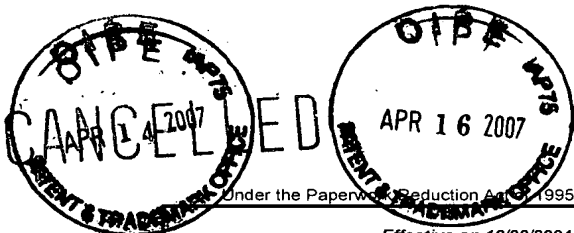
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: April 11, 2007

Signature: *Lynn L. Janulis* (Lynn L. Janulis, Ph.D.)



Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.  
Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2007

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,650.00

### Complete if Known

Application Number	10/570,047-Conf. #8165
Filing Date	February 28, 2006
First Named Inventor	Rolf Jessberger
Examiner Name	Not Yet Assigned
Art Unit	Not Yet Assigned
Attorney Docket No.	29636/39363A

### METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 13-2855 Deposit Account Name: MARSHALL, GERSTEIN & BORUN LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 33 - 150 Extra Claims 13 x 25.00 = Fee Paid (\$) 325.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 3 - 19 = Extra Claims x Fee Paid (\$) =

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims  
Fee (\$)  
180.00  
Fee Paid (\$) 180.00

180.00 180.00

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets /50 Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$)  
Fee Paid (\$) =

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge):	2051 Surcharge-Late oath or declaration	65.00
	2255 Extension for response within fifth month	1,080.00

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	53,066	Telephone	(312) 474-6300
Name (Print/Type)	Lynn L. Janulis	Date	April 11, 2007		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: April 11, 2007

Signature: (Lynn L. Janulis, Ph.D.)